

RECEIVED

DEC -3 2012

DNMS

November 30, 2012

US NRC Region IV
ATTN: DNMS Licensing Assistant
1600 East Lamar Boulevard
Arlington, TX 76011-4511

Amendment Request for St. Vincent Healthcare, NRC License # 25-07553-01

St. Vincent Healthcare wishes to merge NRC licensed activities from NRC license number 25-29392-01 to our radioactive materials license. St. Vincent Healthcare is in the process of assuming the operations from Frontier Cancer Center and Blood Institute. The Radiation Oncology and PET operations will become an outpatient department of St. Vincent Healthcare.

St. Vincent Healthcare will only conduct those NRC licensed operations as currently licensed and approved on NRC license 25-29392-01. The following activities are authorized on the license: 10 CFR 35.600 (HDR), 10 CFR 35.300 (Y-90), and 10 CFR 35.200 (F-18) uses. We also request to add Dr. Joni Buechler-Price, MD as the authorized user for 10 CFR 35.600 (HDR) uses and Justin Sherman as the authorized medical physicist for 10 CFR 35.600 (HDR) uses. Please add the location authorized on license number 25-29392-01 located at 1315 Golden Valley Circle as a use location for all outpatient procedures authorized under 10 CFR 35.300. Licensed material authorized under 10 CFR 35.300 at the Golden Valley Circle will be supervised by those physicians authorized on NRC license 25-29392-01 for the appropriate use.

St. Vincent Healthcare confirms to abide by all constraints, conditions, requirements and commitments of Frontier Cancer Center and Blood Institute.

Thank you for your help. Please contact our Radiation Safety Officer, Christopher Fitz; at 406-672-6756 should you require additional information.


Jason Barker
Chief Executive Officer
St Vincent Healthcare
PO Box 35200
Billings, MT 59107

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: due Date: 12/14/12

h 579531

**Change of Control and/or Change of Ownership
(Includes Change of Name)**

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 200-1188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

Definitions: **Transferee:** A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

Transferor: A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Information Required for Change of Control and/or Change of Ownership
(Includes Change of Name)
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, state so.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.
 - A. Description of the transaction: St. Vincent Healthcare will assume the operation and control of Frontier Cancer Center and Blood Institute. The services will become an outpatient department of St. Vincent Healthcare
 - B. ☐ No name change
☒ New name of licensed organization: St. Vincent Frontier Cancer Center
 - C. ☐ No change in contact
☒ New contact: Christopher Fitz, RSO
☒ New telephone number: 406-672-6756
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
 - A. ☐ No changes in personnel having control over licensed activities.
☒ Changes in personnel having control over licensed activities (e.g. officers of a corporation): Jason Barker, CEO of St. Vincent Healthcare will assume operational control.
 - B. ☐ No changes in personnel named in the license.
☒ Changes in personnel named in the license (e.g. RSO, AUs) - Include training, experience and responsibilities: Christopher Fitz will be appointed RSO. Mr. Fitz is currently the RSO on St. Vincent Healthcare's NRC license number 25-07553-01.
3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
 - ☒ Organization: Facility will become an outpatient department of St. Vincent Healthcare.
 - ☐ Location: ☐ Equipment:
 - ☐ Facility: ☐ Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: Surveys, wipe tests, inventory, and QC is current and in compliance with commitments made to the NRC in amendment requests and or license application.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ Yes ☐ No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

☒ New licensee ☐ NRC for license termination ☐ Not applicable

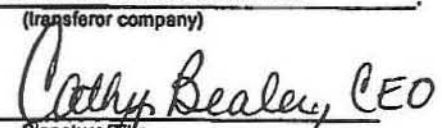
6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

St. Vincent Healthcare will abide by all constraints, conditions,
(transferee company)
requirements and commitments of Frontier Cancer Center and Blood Institute
(transferor company)



Signature/Title
Transferee Official

date



Signature/Title
Transferor Official
12/1/12

date

OR

☐ Description of proposed licensed program from transferee attached (with signature)

OR

☐ Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title

579531

Hill, Carol

From: Chris Fitz [chrisfitz65@hotmail.com]
Sent: Saturday, December 01, 2012 7:03 PM
To: Torres, RobertoJ; Hill, Carol
Cc: Karen Costello; michael.dowdy@svh-mt.org; Eric Pollard; Chris
Subject: Amendment Request for St. Vincent Healthcare NRC License #25-07553-01
Attachments: Amendment_ST-Vincent_healthcare_113012.pdf

Mr. Torres,

Please accept the attached amendment request for the above referenced license. Should you require additional information please contact me at:

chrisfitz65@hotmail.com
406-672-6756

Thank you for your assistance with this request.

Chris Fitz, RSO
St. Vincent Healthcare
Billings, MT

579531

Torres, RobertoJ

From: Chris Fitz [chrisfitz65@hotmail.com]
Sent: Saturday, December 01, 2012 6:57 PM
To: Torres, RobertoJ; Hill, Carol
Cc: Karen Costello; michael.dowdy@svh-mt.org; Chris
Subject: Change in Ownership for Frontier Cancer Center, Billings, MT
Attachments: Change of Control NRC form_final.pdf

Good Evening Roberto,

Please accept the attached document from Frontier Cancer Center and St. Vincent Healthcare informing the NRC of a change in the ownership of Frontier Cancer Center. Should you need additional information please contact me at:

chrisfitz65@hotmail.com or
406-672-6756

Thank you for your assistance with this request.

Chris Fitz, RSO
St. Vincent Healthcare.

RECEIVED

DEC 03 2012

DNMS



DATE

12/06/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

St. Vincent Healthcare
ATTN: Chris Fitz, Radiation Safety Officer
P.O. Box 35200
Billings, MT 59107-5200

LICENSE NUMBER

25-07553-01

MAIL CONTROL NUMBER

579531

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan

cm

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 11/30/2012

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Blvd.
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

*e mailed to licensee
12-6-12cn*

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 04/30/2015
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HEALTHCARE
Received Date: 12/03/2012
Docket Number: 3002396
Mail Control Number: 579531
License Number: 25-07553-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 12-05-12

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____